

Global Appraisal of Individual Needs - Initial (GAIN-I) - Missouri Core

Version [GVER]: 5.4.0

Site ID [XSITE]:	<input type="text"/>	Local Site Name [XSITEa]:	<input type="text"/>
Staff ID [XSID]:	<input type="text"/>	Staff Initials [XSIN]:	<input type="text"/>
Part. ID [XPID]:	<input type="text"/>		
Observation [XOBS: 0,3,6,9,12]:	<input type="text"/>	v.	<input type="text"/>
DE Staff ID [XDESID]:	<input type="text"/>	Initial Key Date [XDEDT]:	<input type="text"/>

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This is a standardized bio-psycho-social assessment designed to help clinicians gather information for diagnosis, placement, and treatment planning. As with any self-report it is limited by the veracity of the individual respondent's answers and should be combined with other information collected by an appropriately trained staff person prior to taking any specific actions.

The confidentiality of the information gathered from use of this instrument may be protected by Federal law, including the Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards (45 C.F.R. Parts 160 and 164) and may also be protected by state laws, including state mental health, child welfare or HIV/AIDS laws. Unauthorized disclosure could result in fines and/or other penalties. All staff with access to specific answers must understand the applicable confidentiality laws and handle the information gathered in accordance with those laws.

The current version of this instrument was developed by Dr. Michael Dennis and others at Chestnut Health Systems. Its development was supported by grants and contracts from the Center for Substance Abuse Treatment, Interventions Foundation, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse. It also incorporates several scales and questions based on the National Family Violence Survey, National Household Survey on Drug Abuse, and work by the American Psychiatric Association and the American Society of Addiction Medicine, as well as input from many individuals fully acknowledged in the manual and the website below.

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For Staff Use Only

A1. Administrative Information

- a. Time: : (HH:MM) b. (AM/PM)
- c. Today's Date [XOBSDT]: / / (MM/DD/YYYY)
- d. Reference Date if Different [XRFDI]: / / (MM/DD/YYYY)

Introduction

- * **What is the purpose?** This assessment we're going to complete next is called the GAIN. This information will be used to help plan your treatment.
- * **What is it about?** This assessment has questions about you and your experiences, what services you may be using, and what you currently want to get from treatment. You will be able to say you don't know, or refuse to answer any question that you don't want to answer.
- * **How long will it take?** Depending on how much has been going on in your life, it will take between 60 and 90 minutes to complete the interview. If you need to take a break at any time, just let me know.
- * **How private is this? Will you share this with anyone?** Before we start, there are a few important things I want to tell you. First, everything you tell me in this interview is confidential. Do you know what confidential means? (It means it's private.) All treatment staff who work with you and have access to your information understand that it is confidential and have agreed not to share your information. For instance, people like your teachers or probation officer will not be told your answers without your prior written permission. The confidentiality of your answers is protected by law. However, there are two exceptions to this. We are required by law to report any instances of child abuse or neglect, or situations in which you are currently a danger to yourself or others. Also, officials from the state or federal government have the right to audit our program to check that we have provided the confidentiality of your records, and that we are providing quality treatment.

Any questions?

A2. Check for Cognitive Impairment

Because we are going to ask you a lot of questions about when and how often things have happened, we need to start by getting a sense of how well your memory is working right now.

ERROR SCORES

CIS a. What year is it now? _____
 (Circle 4 for any error) 0 4

b. What month is it now? _____
 (Circle 3 for any error) 0 3

Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit.
 (No score -- used for A2f below)

c. About what time is it? _____
 (Circle 3 for any error) 0 3

d. Please count backwards from 20 to 1.
 [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]
 (Circle 2 for one error, 4 for 2 or more errors) 0 2 4

e. Please say the days of the week in reverse order.
 [Sat, Fri, Thu, Wed, Tue, Mon, Sun]
 (Circle 2 for one error, 4 for 2 or more errors) 0 2 4

f. Please repeat the phrase I asked you to repeat before.
 [John/ Brown/ 42/ Mark Street/ Detroit]
 (Circle 2 for each subsection of /text/ missed) 0 2 4 6 8 10

g. (Add up scores from a through f and record):

(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation. If you do this section over, record the original score below before revising.)

h. (Original score)

A3. General Directions, Literacy and Initial Administration Questions

* Several questions will ask you about things that have happened during the past 12 months or past 90 days. To help you remember these time periods, please look at the calendar at the end of this document. First, let's find today's date and circle it.

* Next count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about (DATE 90 DAYS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 90 days," we are talking about things that happened since about (NAME OF EVENT THAT WAS 90 DAYS AGO).

a1. Record anchor for 90 days, v. _____

* Now, let's go back to a year ago and circle that date. Do you recall anything that was going on (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.) When we talk about things happening to you during "the past 12 months," we are talking about things that happened since about (NAME OF EVENT THAT WAS 12 MONTHS AGO).

a2. Record anchor for 12 months, v. _____

IF UNABLE TO RECALL: Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 90 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?

	Yes	No
b1. Do you have any problems <u>reading</u> English in something like a newspaper or magazine?	1	0
b2. Do you have any problems <u>writing</u> English in something like a job application or resume?.....	1	0
b3. Do you have any problems understanding what you read?.....	1	0
c. [Document your initial administration decision]		
Done orally because of literacy or client choice	0	[READ ORAL INST]
Staff chose in advance to administer.....	①	[READ ORAL INST]
Self-administered.....	2	[READ SA INST]
Other (Describe v. _____)	99	[READ SA INST]

Additional Instructions for Oral Administration

Please keep this calendar handy and use it as we go through the interview to help you remember when different things happened.

As we go through the questionnaire, I will read the questions and record your answers. It is important that you try to answer each question if you can and are willing to. We know that you will not always know the exact answer, but we would like you to give us your best guess if you can. You can also tell us if you simply "do not know" or if you do not want to or "refuse" to answer any questions. I also have some cards here that we will use to help answer some of the questions.

Do you have any questions before we begin?

B. Background and Treatment Arrangements

- B1. What is your gender? Male 1
 Female 2
 Transgender (both) 3
 Other (Please describe.) 99
 v. _____

- B2. What is your date of birth?
 Month Day Year

- a. How old are you today? [] Age [If 18 OR OVER, GO TO B3a]

- b. Who currently has legal custody of you? (Would you say...) (Circle one)
 Parents living together 1
 Parents that are separated and share custody 2
 A single parent 3
 Other family members 4
 Legally emancipated minor living on your own 5
 Runaway/on own (without legal emancipation) 6
 County/State (foster home or protective services) *DPS* 7
 Juvenile or correctional institution *DYS* 8
 Some other situation (Please describe) 99
 v. _____

*If 11 months
Read choices
1-3*

Please answer the next questions using number of days.

- c. During the past 90 days, on how many days were you in foster care? [] Days
 (Use 0 for None)
- d. During the past 90 days, on how many days were you in any other kind of group home or child care institution? [] Days
 (Use 0 for None) *DPS only*

Please answer the next questions using yes or no.

- PAI B2. During the past 12 months, have you done any of the following things with your biological, foster or adopted parents?
- | | Yes | No |
|---|-----|----|
| e. spent 30 minutes or more playing or doing fun things with them? 1 | 1 | 0 |
| f. gone with them to an organized activity or event? 1 | 1 | 0 |
| g. had them read to you, or you talked to them about a book, magazine or newspaper? 1 | 1 | 0 |
| h. gotten help from them with your homework (reading, writing or math)? 1 | 1 | 0 |
| j. had them meet with a teacher, social worker, lawyer, court official or police officer about you? 1 | 1 | 0 |

*If no parent
contact, code
as 0.
Grandmother,
aunt, etc
do not count*

B3a. Which races and/or ethnicities best describe you? (Any others?)
(RECORD AND CIRCLE ALL THAT APPLY)

v1. _____

v2. _____

v3. _____

MENTIONED

Yes No

- | | | | |
|-----|---|---|---|
| 1. | Alaskan Native (Please record Tribe above) | 1 | 0 |
| 2. | Asian | 1 | 0 |
| 3. | African American/Black | 1 | 0 |
| 4. | Caucasian/White | 1 | 0 |
| 5. | Hispanic, Latino or Chicano | 1 | 0 |
| | a. Puerto Rican | 1 | 0 |
| | b. Mexican | 1 | 0 |
| | c. Cuban | 1 | 0 |
| | e. Dominican | 1 | 0 |
| | f. Other Central American | 1 | 0 |
| | g. Other South American | 1 | 0 |
| | z. Other (Please describe above) | 1 | 0 |
| 6. | Native American (Please record Tribe above) | 1 | 0 |
| 7. | Native Hawaiian | 1 | 0 |
| 8. | Pacific Islander | 1 | 0 |
| 99. | Some other group (Please describe above) | 1 | 0 |

For Staff Use Only:

Please enter any additional local race/ethnicity/tribal codes that are needed:

B3b1. CODE: v. _____

B3b2. CODE: v. _____

B3b3. CODE: v. _____

Yes No

B4j. Have you been required or mandated to go to treatment? 1 0 [IF NO, GO TO B5]

By who? v. _____

For Staff Use Only

AGDM B11. DM Rating [BDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

S. Substance Use (Alcohol, Marijuana and Other Drugs)

The following questions are about your use of alcohol and other drugs. Alcohol includes beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any non-medical use of prescription-type drugs. Please do not include any prescription drugs you use/used under the direction of a doctor.

S1. Between alcohol, marijuana, cocaine, heroin and any other drugs ...

- a. which do you like to use the most? v. _____
- b. for which ones do you most need treatment?
- v1. _____
- v2. _____
- v3. _____

<i>For Staff Use</i>	
1.	<input type="text"/>
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

Detailed Drug Codes			
0 None/No Others 1 Alcohol 1A Beer 1B Wine 1C Hard alcohol (Whiskey, gin, scotch, tequila, rum or mixed drinks) 2 Amphetamines 2A Methamphetamine (Desoxyn, Methedrine) 2B Methylphenidate (Ritalin) 2C Ecstasy/MDMA (methylenedioxy- methamphetamine) 2Z Other Amphetamines (Biphetamine, Benzedrine, Dexedrine) 3 Cannabis 3A Marijuana 3B Hashish 3C Blunts (marijuana-filled cigar) 3D Marijuana with other drugs 3Z Other Cannabis 4 Cocaine 4A Inhaled cocaine 4B Injected cocaine 4C Crack 4D Freebase 4Z Other Cocaine 5 Hallucinogens 5A LSD (Lysergic acid diethylamide) 5B Mushrooms 5C Mescaline 5D Peyote 5E Psilocybin 5F Ketamine (Ketalar, special k) 5Z Other Hallucinogens	6 Inhalants 6A Correction fluids 6B Gasoline 6C Glue 6D Lighters 6E Spray paint 6F Paint thinner 6Z Other inhalants 7 Opioids 7A Heroin 7B Speedball (Heroin and Cocaine) 7C Karachi (Heroin and barbiturates) 7D Heroin with other drugs 7E Street methadone 7F Morphine 7G Opium 7H Codeine 7J Tylenol w/codeine 7K Hydrocodone (Vicodin, Lorcet, Lortab) 7M Oxycodone (Percocet, Percodan, Oxycontin) 7Y Other Opiates or Opioids (Demerol, Dilaudid, hydromorphone, meperidine, pentazocine, Talwin) 7Z Other Analgesics (Darvocet, Darvon, propoxyphene) 8 PCP (Phencyclidine, angel dust)	9 Sedative, Hypnotic, or Anxiolytic 9A Methaqualone (Parest, Quaaludes, Sopor) 9B GHB/GBL 9C Diazepam (Valium, D-Pam, Pro-Pam) 9D Meprobamate (Deprol, Equanil, Miltown) 9E Flunitrazepam (Rohypnol) 9G Other Benzodiazepines Tranquilizers (alprazolam, Ativan, Benzotran, bromazepam, chlordiazepoxide, clonazepam, clorazepate, Dalmane, Dormonoc, estazolam, Euhypnos, flurazepam, halazepam, Halcion, Hypam, Insoma, ketazolam, Klonopin, Lexotan, Librium, lorazepam, loprazolam, Mogadon, Nitrados, nitrazepam, Normison, Nova-Pam, oxazepam, Rivotril, Serax, Serapax, Serenid, Sompam, temazepam, Tranxene, trazepam, triazolam, Tricam, tuazepam, Xanax) 9H Other Barbiturates (Alurate, amobarbital, Amytal, aprobarbital, butabarbital, butalbital, Butisol, Fiorinal, Fioricet, Lotusate, Luminal, Mebaral, mephobarbital, Nembutal, pentobarbital, phenobarbital, secobarbital, Seconal, Tuinal, talbutal) 9Z Other Sed./Hyp./Anx. (Doriden, ethchlorvynol, glutethemide, Placidyl)	99 Other 99A Amyl nitrite 99B Cough syrup (NyQuil, Robitussin) 99C Nitrous oxide 99D NyQuil 99E Poppers 99F Ephedrine/ Pseudoephedrine 99G Steroids 99Z Other 100 Tobacco

Note: Copyrighted or registered trade names have been capitalized and appear in parentheses.

Match with next page

SFS

S2. The next questions are about the <u>last</u> time, if ever, you used several substances. Please answer the questions (Using Card A) if it was 1-2 days ago, 3-7 days ago, 1-4 weeks ago, 1-3 months ago, 4-12 months ago, 1+ years ago, or never.	1-2 days	3-7 days	1-4 Weeks	1-3 Months	4-12 Months	1+ Years	Never
When was the <u>last</u> time (if ever) you used ...	6	5	4	3	2	1	0
a. Any kind of alcohol (beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks)?	6	5	4	3	2	1	0
b. Alcohol until you were drunk (or had 5 or more drinks)?	6	5	4	3	2	1	0
c. Marijuana, hashish, blunts or other forms of THC (herb, reefer, weed)?	6	5	4	3	2	1	0
d. Crack, smoked rock or free base cocaine?	6	5	4	3	2	1	0
e. Other forms of cocaine?	6	5	4	3	2	1	0
f. Inhalants or huffed (such as correction fluids, gasoline, glue, lighters, spray paints, or paint thinner)?	6	5	4	3	2	1	0
g. Heroin or heroin mixed with other drugs?	6	5	4	3	2	1	0
h. Nonprescription or street methadone?	6	5	4	3	2	1	0
j. Pain killers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, "Karachi," OxyContin, OXYN, Percocet, Propoxyphene, morphine, opium, Talwin, or Tylenol with codeine)?	6	5	4	3	2	1	0
k. PCP or angel dust (Phencyclidine)?	6	5	4	3	2	1	0
m. Acid, LSD, ketamine, special K, mushrooms, or other hallucinogens (such as mescaline, peyote, psilocybin, or shrooms)?	6	5	4	3	2	1	0
n. Anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax)?	6	5	4	3	2	1	0
p. "Speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA or other stimulants (such as Biphedamine, Benzedrine, crystal, Desoxyn, Dexedrine, ice, Methedrine or Ritalin)?	6	5	4	3	2	1	0
q. "Downers," "sleeping pills," barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, "quaalude," Secobarbital, Seconal, Rohypnol or Tuinal)?	6	5	4	3	2	1	0
r. Some other drug (Please describe) (such as amyl nitrate, cough syrup, nitrous oxide, Nyquil, "poppers" or Robitussin)? v. _____	6	5	4	3	2	1	0

[IF NO USE IN THE PAST 90 DAYS, GO TO ~~S2~~ TO CONFIRM]

S2s1a

match with previous page

SFS/
BAC

S2. Substance Use Frequency Grid (Read from left to right for those substances used in the past 90 days.)	1. During the past 90 days, on how many days have you ...	2. What was the most (drinks/joints/etc.) you had in one day?	3. Over how many hours did you do this?	4. With how many other people (if any) were you sharing?
a. used any kind of alcohol?		drinks		
b. gotten drunk or had 5 or more drinks?		X	X	X
c. used marijuana, hashish, blunts or THC?		joints		
d. used crack, smoked rock or free base?		rocks		
e. used other forms of cocaine?		quarters		
f. used inhalants or huffed?		huffs		
g. used heroin (alone or mixed)?		dimes		
h. used nonprescription or street methadone?		X	X	X
j. used pain killers, opiates, or other analgesics?		5v. What did you use?		
k. used PCP or angel dust?		X	X	X
m. used acid, LSD, ketamine, special K, mushrooms, or other hallucinogens?		5v. What did you use?		
n. used anti-anxiety drugs or tranquilizers?		5v. What did you use?		
p. used "speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA, or other stimulants?		5v. What did you use?		
q. used "downers," "sleeping pills," barbiturates or other sedatives?		5v. What did you use?		
r. used other drug?		5v. What did you use?		

For 5v: Use codes from S1 or spell out

Common Conversions and Norms (0 to 90th percentile of users)

a. standard drink units=1 beer=1 glass wine=1 mixed drink=1 shot; 40 ounces beer=3 drinks; Fifth= up to 26 drinks; (1-20 norm)

c. ounce=25-30 joints; dime=4-5 joints; nickel=2-3 joints; 1 blunt=2-6 joints; 1 gram=1-2 joints; 1 bowl=1 joint; 10 1-hit pipes=1 joint; (1-20 norm)

d. 8 ball= 32 rocks; teen = 16 rocks; gram = 10 rocks; dime = 1 rock; nickel = 1 hit = 1/2 rock; (1-20 norm)

e. gram = 4 quarter grams; (1-10 norm)

f. (1-10 norm)

g. (gram = 10 dime bags); (1-10 norm)

The next questions are about your use of alcohol, marijuana, cocaine, heroin and other drugs all together. Please answer the next questions using days.

check with p. 10
days used

SFS S2s. During the past 90 days, ... (Remember, write in 0 for none)

- Days
- 1a. on how many days did you go without using any alcohol, marijuana or other drugs? [IF 90, GO TO S2x]
2. on how many days did you get drunk or were you high for most of the day?
3. on how many days did alcohol or drug use problems keep you from meeting your responsibilities at work, school or home?
4. what is the most days you have gone in a row without using alcohol, marijuana or other drugs?

check with p. 10
and S2s1a

Please answer the next questions using yes or no.

S2t. During the past 90 days, did you use alcohol or drugs ...

	Yes	No
1. at home?	1	0
2. at someone else's home?	1	0
3. at a party/bar?	1	0
4. at work?	1	0
5. at school?	1	0
6. at a dealer's place (or shooting gallery)?	1	0
7. outdoors?	1	0
8. in a car?	1	0
99. somewhere else? (Please describe)	1	0
v.		

S2u. During the past 90 days, did you use alcohol or drugs...

	Yes	No
1. alone?	1	0
2. with your spouse/sexual partner?	1	0
3. with family?	1	0
4. with friends?	1	0
5. with a club or gang?	1	0
6. with coworkers?	1	0
7. with classmates?	1	0
8. with someone you regularly drink or use drugs with (a running partner)?	1	0
9. with a drug dealer/pusher?	1	0
10. with a stranger?	1	0
99. with someone else? (Please describe)	1	0
v.		

S2v.	During the past 90 days, have you taken alcohol or drugs by ...	Yes	No
1.	drinking (alcohol or liquids), eating or taking pills orally?	1	0
2.	smoking?	1	0
3.	inhaling, huffing, sniffing, or snorting? <i>(only inhalants)</i>	1	0
4.	injecting into skin or muscle (intramuscular)?	1	0
5.	injecting into a blood vein or artery (intravenous)?	1	0
99.	any other way? (Please describe)	1	0
	v. _____		

S2w.	During the past 90 days, did you use alcohol or drugs while or within an hour prior to ... (If not applicable, circle no)	Yes	No
1.	playing sports or recreating (e.g., skiing, biking, swimming, skateboarding, roller-blading, etc.)?	1	0
2.	taking care of children?	1	0
3.	being in training or school?	1	0
4.	being at a paid job or work?	1	0
5.	driving a vehicle (car, motorcycle, snowmobile, jet ski, boat, etc.)?	1	0
6.	using knives, guns, equipment (lawn mower, saw, stove) OR heavy machinery (backhoe, front-end loader, apple picker, etc.)?	1	0

- SFS S2x. During the past 90 days, on how many days have you been in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs? (Write in 0 for none) Days [IF 0-12, GO TO S3a]

Pre Controlled Environment Use

Let's get out the calendar and mark out the last 90 days when you were not in a jail, hospital or other place where you could not use alcohol, marijuana or other drugs. These next questions are about those 90 days when you were in the community and could have used alcohol or drugs. Please respond with the number of days. (Write in 0 for none or if no lifetime use previously reported.) on p. 9

- S2x. In those 90 days in the community, ... Days
1. on how many days did you go without using any alcohol, marijuana or other drugs? [IF 90, GO TO S3a]
 2. on how many days did you get drunk or were you high for most of the day?
 3. on how many days did alcohol or drug use problems keep you from meeting your responsibilities at work, school or home?
 4. what is the most days you went in a row without using any kind of alcohol, marijuana or other drugs?
- S2y. On those 90 days in the community, on how many days did you use ...
- a. any kind of alcohol? [IF 0, S2yb=0]
 - b. alcohol until you were drunk (or had 5+ drinks in one sitting)?
 - c. any kind of marijuana, hashish, blunts or other forms of THC?
 - d. any kind of crack, smoked rock or free base cocaine?
 - e. any other forms of cocaine?
 - f. inhalants or huffed?
 - g. heroin or heroin mixed with other drugs?
 - h. non-prescription or street methadone?
 - j. any pain killers, opioids or other analgesics?
 - k. PCP or angel dust?
 - m. acid, LSD, ketamine, special K, mushrooms or other hallucinogens?
 - n. any anti-anxiety drugs or tranquilizers?
 - p. stimulants, amphetamines, ecstasy, MDMA, methamphetamine or other uppers?
 - q. any downers, sleeping pills, barbiturates or other sedatives?
 - r. any "other" kind of drug?

(Please describe) v. _____

GAIN-I

Please answer the next questions using yes or no.

		<u>Yes</u>	<u>No</u>
S3a.	Have you <u>ever</u> had shaky hands, delirium tremens (d.t's), convulsions or seizures when you tried to stop, cut down or control your use of alcohol or other drugs?	1	0
		<u>Yes</u>	<u>No</u>
S3b.	<u>During the past week</u> , did you stop, try to stop, cut down or try to limit your use of alcohol or other drugs?	1	0
CWS	S3c. When you did this, did you have any of the following <u>withdrawal symptoms or problems</u> ?	<u>Yes</u>	<u>No</u>
	1. Move and talk much slower than usual	1	0
	2. Yawn more than usual	1	0
	3. Feel tired	1	0
	4. Have bad dreams that seemed real	1	0
	5. Have trouble sleeping, including sleeping too much or not being able to sleep	1	0
	6. Feel sad, tense or angry	1	0
	7. Feel really nervous or tense	1	0
	8. Fidget, pace, wring your hands or have trouble sitting still	1	0
	9. Have shaky hands	1	0
	10. Have convulsions or seizures	1	0
	11. Feel hungrier than usual	1	0
	12. Throw up or feel like throwing up	1	0
	13. Have diarrhea	1	0
	14. Have muscle aches	1	0
	15. Have a runny nose or eyes watering more than usual	1	0
	16. Sweat more than usual, have your heart race or goose bumps	1	0
	17. Have a fever	1	0
	18. See, feel or hear things that are not real	1	0
	19. Forget a lot of things or have problems remembering	1	0
	20. Have any of these withdrawal problems kept you from doing social, family, job or other activities?	1	0
	21. Have you used the same or another drug to stop or avoid having any of these withdrawal symptoms?	1	0
	99. Some other problem (Please describe)	1	0

V. _____

[IF NO, GO TO S4]

↖
If not used
in past 2
weeks, this
should be
NA
Check page 9.

GAIN-I

The next questions are about treatment for alcohol or drug use. Do not count any treatment that you received today or that was only for physical health or psychological problems.

S4. Before today, have you ever had a breathalyzer or urine test to check for your alcohol or drug use?..... Yes 1 No 0 [IF NO, GO TO S5]

Please answer the next questions using times, days or nights.

S4a. During the past 90 days, how many times have you been given a breathalyzer or urine test to check for your alcohol or drug use? (Do not count any today) Times

S5. How many times in your life have you been admitted to a detoxification program for your alcohol or drug use?..... Times [IF 0, GO TO S6]
(not residential)

S5a. During the past 90 days, on how many days have you been in a detoxification program to help you through withdrawal? Days

S6. Have you ever attended Alcoholics Anonymous (AA), Cocaine Anonymous (CA), Narcotics Anonymous (NA), Social Recovery (SR) or another self-help group for your alcohol or drug use?..... Yes 1 No 0 [IF NO, ENTER 0 in S6a]

S6a. During the past 90 days, on how many days have you attended one or more self-help group meetings (such as AA, NA, CA or Social Recovery)? Days

Useful Definitions

Detoxification programs are places with professional help and often medication to help you through severe withdrawal; typically these are part of or affiliated with a larger agency or hospital.

Self-help groups are groups of consumers that meet together to provide social support, mutual aid and guidance; while typically part of a large association, they are generally NOT run by professionals.

Recovery homes and sanctuaries are groups of consumers or a cooperative that rent a home or apartment to provide a safe, inexpensive environment that is drug and/or alcohol free; while typically part of a large association, they often do not have professional staff working around the clock.

(Intake interview only: Do not count current treatment episode.)

S7. How many times in your life have you been admitted to treatment or counseling for your use of alcohol or any drugs? Episodes

[If 0, GO TO S8]

Detailed Treatment History Grid

Next we need to fill out this form for all of the times you have been in substance abuse treatment from the first to the most recent treatment episode. What was the first (next...) treatment program you went to?

(Attach prior grids if available and update)

S7_	b. What is the name of the treatment program?	b1. Program Code	c. What type of treatment was this? (Use codes from next page)	d. On about what date did you start? (mm/dd/yyyy)	d1. Are you still in treatment? (If yes, skip e & g) Y N	e. On about what date did you leave? (mm/dd/yyyy)	g. About how many days were you there?
1.					1 0		
2.					1 0		
3.					1 0		
4.					1 0		
5.					1 0		
6.					1 0		
7.					1 0		
8.					1 0		
9.					1 0		
10.					1 0		
11.					1 0		
12.					1 0		
13.					1 0		
14.					1 0		
15.					1 0		
99.	For staff use only. Indicate row number of index treatment.						

Notes (Circle if you want them keyed into notes):

<i>Summary of Treatment History and Directions and Codes</i>	
<p>— Please <u>do not</u> list detox, self-help groups, recovery homes, or sanctuaries.</p> <p>— Start with the earliest admission at the top and continue down to the most recent.</p> <p>— If the participant is still in treatment, leave the discharge date blank.</p> <p>— If you re-interview a participant, please attach and update the previous grid.</p>	
<p>Common Local Program Codes (b1) and Names (b):</p> <p>(Insert text or consult study-specific appendix)</p>	<p>General Level of Care Codes (c):</p> <p>10 Outpatient (OP)</p> <p>15 Methadone Maintenance</p> <p>20 Intensive Outpatient (OR)</p> <p>30 Inpatient/Residential/Halfway house (ST/LT/HH)</p> <p>99 Other</p>
	<p>Date Guidelines (d/e):</p> <p>Use the following rules if the participant is unsure of the exact date:</p> <p>DAY: Use the 5th for the beginning of the month, 15th for the middle of the month, and 25th for the end of the month.</p> <p>MONTH: Use March for early in the year, July for middle of the year, and October for later in the year, but try to make it so the number of weeks is about right.</p> <p>YEAR: Make best approximation based on age or other information.</p> <p>If the participant is still in treatment, leave the discharge date blank (so that it can be filled in later).</p>

Please answer the next questions using episodes.
(If available, use treatment history grid to help.)

S7a. How many of these times were you . . .

1. treated in an emergency room for your alcohol or drug use problems? Episodes
2. admitted for at least one night to a residential, inpatient, or hospital program for your alcohol or drug use problems? I-ces Episodes
3. admitted to an intensive outpatient or day program for your alcohol or drug use problems? I-oe or II Episodes
4. admitted to a regular (1-8 hours per week) outpatient program for your alcohol or drug use problems? III Episodes
5. given medication like methadone or antabuse to help with withdrawal or cravings? Episodes
99. in any other kind of treatment program or working with some other kind of case manager about your alcohol or drug use problems? Episodes

(Please describe) v. _____

S7b. What substances did you receive treatment or counseling for? MENTIONED
(Any others?) (CIRCLE YES FOR ALL THAT APPLY) Yes No

1. Use of any kind of alcohol. 1 0
2. Use of any kind of marijuana or hashish. 1 0
3. Use of any kind of crack, free base or other forms of cocaine. 1 0
4. Use of any kind of heroin or other opioid. 1 0
99. Use of any "other" kind of drug. 1 0

(Please use codes from S1 or describe)

v. _____

Yes No

S7c. Are you currently taking medication for alcohol or drug problems? 1 0

[IF NO,
GO TO S7d]

(If yes, please describe) v. _____

S7c1. Are you currently taking methadone? (Code if given above) 1 0

Using Card A ...

S7d. When was the last time you received treatment, counseling, medication, case management or aftercare for your use of alcohol or any drug?

(Circle one) (Card A)

Within the past two days.....	6	
3 to 7 days ago	5	
1 to 4 weeks ago.....	4	
1 to 3 months ago.....	3	
4 to 12 months ago.....	2	[GO TO S8]
More than 12 months ago.....	1	[GO TO S8]
Never.....	0	[GO TO S8]

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use in S7a, record 0 in the respective row below.)

SATI S7e. During the past 90 days, how many...

1. times did you go to an emergency room for your alcohol or substance abuse treatment?..... Times
2. nights were you in a halfway house, residential, inpatient, or hospital program (for your alcohol or drug use problems)?..... Nights
3. days were you in an intensive outpatient or day program (for your alcohol or drug use problems)?..... Days
4. times did you go to a regular (1-8 hours per week) outpatient program (for your alcohol or drug use problems)?..... Times
5. days did you take medications like methadone or antabuse to help with withdrawal or cravings?..... Days
99. days did you go to any other kind of treatment program or work with some other kind of case manager about your alcohol or drug use problems?..... Days

(Please describe) v. _____

S7f. Are you currently being treated regularly for alcohol or drug problems? (If yes, where do you go?)

	<u>Yes</u>	<u>No</u>	
	1	0	[IF NO, GO TO S8]

v. _____

Check
with S7a

check

GAIN-I

The next questions are about your current treatment and use. Please answer the next questions using yes or no. If any questions do not apply to you at this time, please answer "No".

		<u>Yes</u>	<u>No</u>	
TRI	S8. Do you <u>currently</u> feel that...			
	a. being in a treatment program is too demanding?	1	0	
	b. you have too many other responsibilities now to be in a treatment program?	1	0	
	c. it will be hard for you to resist alcohol or drugs where you currently live, work or go to school?	1	0	
	d. your old friends may try to get you to drink or use drugs again?	1	0	
Do you <u>currently</u> feel that...				
TMI	e. there is a lot of pressure for you to be in alcohol or drug treatment?	1	0	
	f. you can get the help you need in an alcohol or drug treatment program?	1	0	
	g. you need to be in treatment for at least a month?	1	0	
	h. you will probably need to come back to treatment again one or more times during your lifetime?	1	0	
	j. you need support from friends and relatives to deal with your alcohol or drug use?	1	0	
Do you <u>currently</u> think you...				
SES	k. spend a lot of time thinking about alcohol or drugs?	1	0	
	m. could avoid using alcohol or drugs <u>at home</u> ?	1	0	
	n. could avoid using alcohol or drugs <u>at work or school</u> ?	1	0	
	p. could avoid using alcohol or drugs <u>with your friends</u> ?	1	0	
	q. could avoid using alcohol or drugs <u>when people around you were using them</u> ?	1	0	
Do you <u>currently</u> think ...				
POS	r. you have <u>any</u> problems related to alcohol or drug use (including those things we just talked about)?	1	0	[IF NO, GO TO S9c]
	s. you have a good understanding of how drug and alcohol use is related to your problems?	1	0	
	t. your problems can and will go away?	1	0	
	u. you know the course most of your problems will follow?	1	0	
	v. your problems are out of control?	1	0	
	w. your problems can be solved?	1	0	

Next we want to go over a list of common problems related to alcohol or drug use. After (hearing/reading) each of the following statements, we would like you to tell us the last time you had this problem by using Card B and responding in the past month, 2-12 months ago, 1 or more years ago, or never.

		Past Month	2-12 Months	1+ Years	Never
S9.	When was the <u>last</u> time that... (Please answer questions using Card B)	3	2	1	0
SPS/O	c. you tried to hide that you were using alcohol or drugs?	3	2	1	0
	d. your parents, family, partner, co-workers, classmates or friends complained about your alcohol or drug use?	3	2	1	0
	e. you used alcohol or drugs weekly?	3	2	1	0
	f. your alcohol or drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire or caused other psychological problems?	3	2	1	0
	g. your alcohol or drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease or any other health problems?	3	2	1	0

		Past Month	2-12 Months	1+ Years	Never
S9.	When was the <u>last</u> time that... (Please answer questions using Card B)	3	2	1	0

SPS/A

- h. you kept using alcohol or drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home? 3 2 1 0
- j. you used alcohol or drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt? 3 2 1 0
- k. your alcohol or drug use caused you to have repeated problems with the law? 3 2 1 0
- m. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? 3 2 1 0

Check S2w1 →

SPS/D

- n. you needed more alcohol or drugs to get the same high or found that the same amount did not get you as high as it used to? 3 2 1 0
- p. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems? 3 2 1 0
- q. you used alcohol or drugs in larger amounts, more often or for a longer time than you meant to? 3 2 1 0
- r. you were unable to cut down or stop using alcohol or drugs? 3 2 1 0
- s. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)? 3 2 1 0
- t. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events? 3 2 1 0
- u. you kept using alcohol or drugs even after you knew it was causing or adding to medical, psychological or emotional problems you were having? 3 2 1 0

Check S3 ←

- v. How old were you when you first got drunk or used any drugs? Age

GAIN-I

S9. Detailed Substance Use Disorder Worksheet		For Staff Use Only										
For each of the problems endorsed in S9h-u, ask: * Can you tell me which substance ...(Read from below)? * About when did that happen? (Using Card B) * Have you ever had this problem with any other substance(s)? * Repeat for each Sx in S9 until no more are reported. Record time code (3=past month, 2=2-12 months ago, 1=1+ years ago, 0 or blank means never).		1	2	3	4	5	6	7	8	9	10	99
		Alcohol	Amphetamine	Cannabis	Cocaine	Hallucinogen	Inhalant	Opioid	PCP	Sed./Hyp./Anx.	Poly-substance*	Other
Abuse criteria												
h.	caused you not to meet your responsibilities? (A1)										X	
j.	you have used in unsafe situations? (A2)										X	
k.	caused you to have repeated problems with the law? (A3)										X	
m.	did you keep using even though it was leading to fights or getting you into trouble with other people? (A4)										X	
Dependence Criteria												
n.	you have needed more of to get high? (D1)											
p.	you have had withdrawal symptoms from? (D2)											
q.	you have used more of or longer than you meant to? (D3)											
r.	you have been unable to cut down on or stop using? (D4)											
s.	you spent a lot of time getting or using? (D5)											
t.	caused you to give up activities or caused problems? (D6)											
u.	you kept using despite medical or psychological problems? (D7)											
Clinical Significance (for each drug with 1+ Abuse/Dependence criteria ask...)												
v.	At what age did you first use ...(get drunk for alcohol):										X	
w.	How do you usually take ...(1-oral, 2-smoking, 3-inhalation, 4-intramuscular, 5-intravenous, 6-NA, 7-other)										X	
x.	Order of Clinical Focus (1-primary, 2-secondary, 3-tertiary, etc.)										X	
y.	Substance Use Diagnosis (Check highest row if applicable. Use poly-substance only if dependence met for no single substance)											
1.	Dependence w/Physiological Sx. (3+ Sx in n-u) & (n or p)											
2.	Dependence w/out Physiological Sx. (3+ Sx in n-u)											
3.	Abuse (1+ Sx in h-m)										X	
z.	Course Specifier (If lifetime dependence, check highest row if applicable)											
1.	In a Controlled Environment (Half+ time in CE - S2x GT 44)											
2.	On Agonist Therapy (Half+ time in Tx - S7e5 GT 44)											
3.	Sustained Full Remission (No past year Sx in n-u)											
4.	Early Full Remission (No past month Sx in n-u)											
5.	Sustained Partial Remission (1-2 past year Sx in n-u)											
6.	Early Partial Remission (1-2 past months Sx in n-u)											

Check recency with previous page

ask client

inter viewer complete

check ages with p. 22

Sx - Symptom; A1-4 - DSM IV abuse criteria; D1-7 - DSM IV dependence criteria; CE - controlled environment; Tx - Treatment; GT - greater than

* Also requires 1-2 dependence symptoms in 3 or more substance classes and no dependence for any single substance.

AGDM

For Staff Use Only	
S12. DM Rating [SDM]: NONE <input type="checkbox"/> 0	SOME <input type="checkbox"/> 1 MISUNDER <input type="checkbox"/> 2 DENIAL <input type="checkbox"/> 3 MISREP <input type="checkbox"/> 4

P. Physical Health

The next questions are about your health and how you have been feeling physically.

BAC P1. About how tall are you (in feet and inches)?

...	<input type="text"/>	+	<input type="text"/>
	Feet		Inches

P2. About how much do you weigh, without shoes?

...	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pounds		

*Have client guess
or estimate
do not use DK*

HDS P3. During the past 12 months, would you say your health in general was ...?

(Circle one)

Excellent	0
Very good	1
Good	2
Fair	3
Poor	4

Please answer the next questions using yes or no.

P3. During the past 12 months, have you ...

Yes No

d. lost or gained 10 or more pounds when you were <u>not</u> trying to? ...	1	0
e. had a lot of <u>physical pain</u> or discomfort?	1	0
f. been <u>worried</u> about your health or behaviors?	1	0
g. had health problems that <u>kept</u> you from meeting your responsibilities at work, school or home?	1	0
h. had lung or breathing problems?	1	0
j. had pain when you urinated?	1	0
k. coughed up or urinated blood?	1	0

Yes No

P5_1. Have you ever (been/gotten someone) pregnant?

1

0

[IF NO, GO TO P6a]

P5a1. About when did (your/the) last pregnancy begin?

(Clarify and circle one)

During the past 90 days	1
4 to 6 months ago	2
7 to 9 months ago	3
10 to 12 months ago	4
More than a year ago	5

P5b1. What happened (or is happening) during that pregnancy?

(Clarify and circle one)

Carried the baby to term--live birth?	1	[CONTINUE]
Miscarriage?	2	[GO TO P6a]
Abortion?	3	[GO TO P6a]
Uncertain?	4	[GO TO P6a]
Currently pregnant?	5	[GO TO P6a]
Other? (Please describe)	6	[GO TO P6a]

v. _____

P5c1. How much did the baby weigh at birth?

<input type="text"/>	<input type="text"/>
Pounds	Ounces

P5d. What was the baby's date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(mm/dd/yyyy)									

	Past Month	2-12 Months	1+ Years	Never
P6a-e. When was the <u>last</u> time (if ever) you were told by a doctor or nurse that you have. . . Please answer the next questions using Card B	3	2	1	0
a. <u>Hepatitis</u> , yellow jaundice, or cirrhosis of the liver?	3	2	1	0
b. <u>Tuberculosis</u> or TB?	3	2	1	0
c. the Human Immunodeficiency Virus, HIV or AIDS?	3	2	1	0
[In Illinois, record answer to P6c in separate secure record]				
d. other <u>sexually transmitted diseases</u> , such as syphilis, gonorrhea, or chlamydia?	3	2	1	0
e. other infectious diseases? (Please describe)	3	2	1	0
v. _____				

[IF NONE REPORTED IN P6a-e, GO TO P7a]

Please answer the next questions using yes or no.

P6f. Are you <u>currently</u> receiving treatment for any of these diseases?	<u>Yes</u> 1	<u>No</u> 0
P7a-h. Have you <u>ever</u> had the following childhood diseases?	<u>Yes</u>	<u>No</u>
a. Rubella	1	0
b. Chicken pox	1	0
c. Mumps	1	0
d. Rheumatic fever	1	0
e. Measles	1	0
f. Whooping cough	1	0
g. Polio	1	0
h. Other childhood illness (Please describe)	1	0
v. _____		

P7j. Have you had all of your childhood vaccinations?	<u>Yes</u> 1	<u>No</u> 0
---	-----------------	----------------

P8. When was your <u>last</u> tetanus shot?	(Clarify and circle one)
During the past year	5
1 to 2 years ago	4
3 to 7 years ago	3
8 to 10 years ago	2
More than 10 years ago	1
Never	0

Using **Card A...**

- HPS P9. When was the last time (if ever) that you were bothered by health or medical problems or that they kept you from meeting your responsibilities at work, school or home? (Please include asthma, allergies and problems with your period.) (Circle one) (Card A)
- | | | |
|--------------------------------|---|-------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO P10] |
| More than 12 months ago | 1 | [GO TO P10] |
| Never | 0 | [GO TO P10] |

Please answer the next questions using number of days.

- P9a. During the past 90 days, on how many days were you bothered by any health or medical problems? Days [IF 0, GO TO P10]
- P9b. During the past 90 days, on how many days have medical problems kept you from meeting your responsibilities at work, school or home? Days
- P9c. What is the problem you have been having?
- v1. _____
- v2. _____
- v3. _____
- Yes No

Please answer the next questions using yes or no.

PHPI	P10.	<p><u>Have you ever been treated or told by a health professional you have the following medical problems or conditions?</u></p>	<u>Yes</u>	<u>No</u>
	a.	<u>Allergies to specific medicines, foods, pollen or other things</u> 1 (Please describe) v. _____	1	0
	b.	<u>Major or untreated dental problems</u> (such as gum disease or teeth that need to be removed) 1	1	0
	c.	<u>Physical injuries or unhealed wounds</u> (such as a broken bone, knife or gun wound, or a cut/bruise that would not go away) 1	1	0
	d.	<u>Convulsions, migraines or nervous system problems</u> (such as epilepsy, seizures, strokes or blackouts) 1	1	0
	e.	<u>Heart, blood, or circulatory problems</u> (such as high or low blood pressure, endocarditis, irregular heart beats, angina, heart attacks, blood diseases, abnormal bleeding or bruising) 1	1	0
	f.	<u>Asthma, shortness of breath, hoarseness, coughing up blood/phlegm or other respiratory problems</u> (such as bronchitis, pneumonia, emphysema, or wheezing) 1	1	0
	g.	<u>Tumors, cancer, or unusual lumps under your skin</u> (lung, blood, leukemia, breast, testicle, colon, neoplasms, skin, or Kaposi's sarcoma) 1	1	0
	h.	<u>Diabetes, thyroid or other problems with how your body controls itself</u> (low or high blood sugar, control of growth, weight, fluids, early or late body development, gland or hormone problems) 1	1	0
	j.	<u>Vitamin deficiencies, fluid buildup, anemia or problems with how your body stores things</u> (such as calcium, folate, iodine or vitamin B deficiencies, gout, dehydration, sickle cell anemia) 1	1	0
	k.	<u>Stomach or digestive system problems</u> (such as ulcers or colitis, nausea, vomiting, persistent diarrhea or constipation, or heartburn) 1	1	0
	m.	<u>Sexual or fertility problems</u> (such as pain during intercourse, coming too soon or being unable to, impotence or the inability to have children) 1	1	0
	n.	<u>Female problems</u> (such as a yeast infection, problems with your menstrual period, bad cramps, pain urinating, unusual discharge, urinary tract or vaginal infections, cysts or breast cancer) (If male, circle No) 1	1	0
	p.	<u>Male problems</u> (such as jock itch, pain urinating, abnormal discharge, urinary tract infections, cancer of the testicles, prostate problems or cancer) (If female, circle No) 1	1	0
	q.	<u>Bone, muscle, or foot problems</u> (such as arthritis, chronic back pain, permanent stiffness, paralysis, bursitis, bunions, or swelling) 1	1	0
	r.	<u>Skin problems</u> (such as skin ulcers or cancer, rashes, lesions, or other skin infections) 1	1	0
	s.	<u>Any other major medical problems or conditions other than those listed above</u> 1 (Please describe) v. _____	1	0

The next questions are about treatment for injuries or physical health problems (including pregnancy and giving birth). Do not count counseling or treatment that was only for alcohol/drug use or psychological problems here. (Record 0 for none)

Please answer the next questions using number of times.

P11. How many times in your life have you....

- a. been treated in an emergency room for health problems? Times
- b. been admitted for at least one night to a hospital for health problems? Times
- c. received any outpatient surgical procedures for health problems? Times
- d. Are you currently taking medication for allergies or health problems? (If yes, please describe below) Yes No
..... 1 0
- v. _____

Using Card A...

- e. When was the last time you saw a doctor or nurse about a health problem or took prescribed medication for one?

(Circle one) (Card A)

- Within the past two days 6
- 3 to 7 days ago 5
- 1 to 4 weeks ago 4
- 1 to 3 months ago 3
- 4 to 12 months ago 2 [GO TO P12]
- More than 12 months ago 1 [GO TO P12]
- Never 0 [GO TO P12]

*Include
regular physical,
should not be
never*

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use above, enter 0 in the respective row below.)

During the past 90 days, how many....

PHTI

- f. times have you had to go to the emergency room (for a health problem)? Times
- g. nights total did you spend in the hospital (for a health problem)? Nights
- h. times did you have an outpatient surgical procedure (for a health problem)? Times
- j. times did you see a doctor or nurse in an office or outpatient clinic (for a health problem)? Times
- jl. days did you take prescribed medication for a health problem? Days
- k. Are you currently being treated for a health problem? Yes No
..... 1 0 [IF NO, GO TO P12]
(If yes, where do you go?)
- v. _____
- m. How long have you been treated regularly? + + +
Years Months Weeks Days

check

The next questions are about blood relatives. This includes your children, brothers, sisters, parents, aunts, uncles and grandparents. (Please write "DK" if you don't know.)

Please answer the next questions using yes or no.

		<u>Yes</u>	<u>No</u>
P12.	Have any of your blood relatives <u>ever</u> had...		
a.	problems with alcohol use?	1	0
b.	problems with drug use?	1	0
c.	heart or blood problems?	1	0
d.	diabetes?	1	0
e.	emotional, mental or psychological problems?	1	0
f.	other problems that caused them to be sick or in treatment a lot?	1	0
P12g.	Are you adopted?	1	0

For Staff Use Only

AGDM

P15. DM Rating [PDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

R. Risk Behaviors and Disease Prevention

Next, we would like to ask a few very personal questions about behaviors that may have put you at risk or reduced your risk for getting or spreading infectious diseases. Please remember that all of your answers are strictly confidential. The first questions are about the use of a needle to inject you with drugs or medication. Do not include shots given by a doctor or nurse. Please include if you were injected by someone else or if you injected medication.

Using **Card A...**

- NFS R1. When was the last time (if ever) that you used a needle to inject drugs or medication? (Please include medication prescribed by a doctor.) (Circle one) (Card A)
- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | |
| More than 12 months ago | 1 | [GO TO R2] |
| Never | 0 | [GO TO R2] |

Please answer the next questions using yes or no.

- NPS R1. During the past 12 months, did you...
- | | Yes | No |
|---|-----|----|
| a. use a needle to shoot up drugs? | 1 | 0 |
| b. reuse a needle that <u>you</u> had used before? | 1 | 0 |
| c. reuse a needle <u>without</u> cleaning it with bleach or boiling water <u>first</u> ? | 1 | 0 |
| d. use a needle that you knew or suspected <u>someone else</u> had used before? | 1 | 0 |
| e. use someone else's <u>rinse water, cooker, or cotton</u> after they did? | 1 | 0 |
| f. ever <u>skip</u> cleaning your needle with bleach or boiling water <u>after</u> you were done? | 1 | 0 |
| g. let someone else use a needle <u>after</u> you used it? | 1 | 0 |
| h. let someone else use the <u>rinse water, cooker or cotton</u> after you did? | 1 | 0 |
| j. allow someone else to inject you with drugs? | 1 | 0 |

[IF 4 TO 12 MONTHS AGO REPORTED IN R1, GO TO R2]

Please answer the next questions using number of days or people.

- NFS k. During the past 90 days, on how many days did you use a needle to inject any kind of drug or medication? [IF 0, GO TO R2]
Days
- m. During the past 90 days, with how many people have you shared needles or works? [IF 0, GO TO R2]
People
- n. During the past 90 days, on how many days did you share needles with other people?
Days

The next questions are about having sex. When we refer to sex it includes vaginal, oral and anal sex with anyone. Vaginal sex is when a man puts his penis into a woman's vagina. Oral sex is when one person puts his or her mouth onto the other person's penis or vagina. Anal sex is when a man puts his penis into another person's anus or butt.

*Consider
always
reading
definition
of sex*

Using Card A...

- R2. When was the last time (if ever) that you had any kind of sex (vaginal, oral or anal) with another person? (Circle one) (Card A)
- | | |
|--------------------------|--------------|
| Within the past two days | 6 |
| 3 to 7 days ago | 5 |
| 1 to 4 weeks ago | 4 |
| 1 to 3 months ago | 3 |
| 4 to 12 months ago | 2 |
| More than 12 months ago | 1 [GO TO R3] |
| Never | 0 [GO TO R3] |

Please answer the next questions using yes or no.

- | SxRS | R2. | <u>During the past 12 months</u> , did you... | <u>Yes</u> | <u>No</u> |
|------|-----|---|------------|-----------|
| | a. | have sex while you or your partner <u>was high on alcohol or drugs</u> ? | 1 | 0 |
| | b. | have sex with someone who was an <u>injection drug user</u> ? | 1 | 0 |
| | c. | have sex involving <u>anal intercourse</u> (penis to butt)? | 1 | 0 |
| | d. | have sex with a man who might have had <u>sex with other men</u> ? | 1 | 0 |
| | e. | <u>trade</u> sex to get drugs, gifts, or money? | 1 | 0 |
| | f. | use drugs, gifts, or money to <u>purchase</u> or get sex? | 1 | 0 |
| | g. | have <u>two or more</u> sexual partners? | 1 | 0 |
| | h. | have sex with a <u>male partner</u> ? | 1 | 0 |
| | j. | have sex with a <u>female partner</u> ? | 1 | 0 |
| | k. | have sex <u>without</u> using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? | 1 | 0 |
| | m. | have a lot of <u>pain</u> during sex or after having had sex? | 1 | 0 |
| | n. | use alcohol or drugs to make sex <u>last longer or hurt less</u> ? | 1 | 0 |

R2 Continued

[IF 4 TO 12 MONTHS AGO REPORTED IN R2, GO TO R3]

Please answer the next questions using number of partners or times.

[IF NO PAST-YEAR MALE PARTNERS, ENTER '0' IN R2p]

[IF NO PAST-YEAR FEMALE PARTNERS, ENTER '0' IN R2q]

During the past 90 days,

SPR

- p. how many sexual partners did you have who were male? Partners *check R2g*
- q. how many sexual partners did you have who were female? Partners
- r. how many times did you have any kind of sex (vaginal, oral, or anal) with another person? Times [IF 0, GO TO R3]
- s. when you had sex, how many times did you use any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy? Times *check R2k*

R3. What is your current sexual preference? (Circle one)

- To have no sex (celibate) 1
- To only have sex with females 2
- To only have sex with males 3
- To have sex with females or males 4
- Other (Please describe) 99

v. _____

[IF "NEVER" HAD SEX, GO TO R4]

R3a. What forms of contraception do you or your partner try to use (if at all) to avoid pregnancy or sexually transmitted diseases? (Any other methods?)

MENTIONED

- | | Yes | No |
|---|-----|----|
| 1. Do not regularly use contraceptives | 1 | 0 |
| 2. Following your/the woman's period or cycle | 1 | 0 |
| 3. Pulling out before you/the man comes | 1 | 0 |
| 4. A douche, foam or suppository | 1 | 0 |
| 5. A birth control pill | 1 | 0 |
| 6. An intrauterine device (IUD) | 1 | 0 |
| 7. A condom or other barrier | 1 | 0 |
| 8. Not having intercourse | 1 | 0 |
| 9. Sterilized or infertile | 1 | 0 |
| 99. Something else (Please describe) | 1 | 0 |

v. _____

Using Card A...

R4. When was the last time you smoked or used any kind of tobacco? (Please include cigarettes, cigars, chewing tobacco and pipes)

(Circle one) (Card A)

Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2
 More than 12 months ago 1
 Never 0

[GO TO R5]

[GO TO R5]

[GO TO R5]

Please answer the next questions using number of days or times.

a. During the past 90 days, on how many days have you smoked or used any kind of tobacco?

Days

[IF 0, GO TO R5]

b. On those days, how many times per day, did you usually smoke or use any kind of tobacco?

Times

Note: A pack of cigarettes would be about 20 times.

Please answer the next questions using number of days.

R5. During the past 90 days, on how many days have you...

Days

a. gone without eating or threw up much of what you did eat?

b. exercised for at least 20 minutes per day?

For Staff Use Only

R9. DM Rating [RDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

M. Mental and Emotional Health

The next questions are about common nerve, mental or psychological problems that many people have. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities or they make you feel like you cannot go on. Please answer the next questions using yes or no.

IMDS/ GMDS/ SSI	M1a.	<u>During the past 12 months, have you had <u>significant</u> problems with...</u>	<u>Yes</u>	<u>No</u>	
		1. headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells?	1	0	
		2. sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	1	0	
		3. having dry mouth, loose bowel movements, constipation, trouble controlling your bladder or related itching?	1	0	
		4. pain or heavy feeling in your heart, chest, lower back, arms, legs or other muscles?	1	0	
IMDS/ GMDS/ DSS	M1b.	<u>During the past 12 months, have you had <u>significant</u> problems with...</u>			
		1. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	1	0	
		3. remembering, concentrating, making decisions, or having your mind go blank?	1	0	
		4. feeling very shy, self-conscious or uneasy about what people thought or were saying about you?	1	0	
		5. thoughts that other people did not understand you or appreciate your situation?	1	0	
		6. feeling easily annoyed, irritated, or having trouble controlling your temper?	1	0	
		7. feeling tired, having no energy or like you could not get things done?	1	0	
		8. losing interest or pleasure in work, school, friends, sex or other things you cared about?	1	0	
		9. losing or gaining 10 or more pounds when you were not trying to?	1	0	
		10. moving and talking much slower than usual?	1	0	
IMDS/ GMDS/ HSTS	M1c.	<u>During the past 12 months, have you...</u>			
		1. thought about killing or hurting someone else?	1	0	
		2. thought about ending your life or committing suicide?	1	0	[If 0, GO TO M1d]
		3. had a plan to commit suicide?	1	0	
		4. gotten a gun, pills or other things to carry out your plan?	1	0	
		5. attempted to commit suicide?	1	0	

IMDS/ GMDS/ AFSS	M1d.	During the past 12 months, have you had significant problems with...	Yes	No
		1. feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	1	0
		2. having to repeat an action over and over, or having thoughts that kept running over in your mind?	1	0
		3. trembling, having your heart race or feeling so restless that you could not sit still?	1	0
		4. getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone?	1	0
		5. feeling very afraid of open spaces, leaving your home, having to travel or being in a crowd?	1	0
		6. avoiding snakes, the dark, being alone, elevators or other things because they frightened you?	1	0
		7. thoughts that other people were taking advantage of you, not giving you enough credit or causing you problems?	1	0
		8. thoughts that someone was watching you, following you or out to get you?	1	0
		9. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	1	0
		10. thoughts that you should be punished for thinking about sex or other things too much?	1	0
		11. having a lot of tension or muscle aches because you were worried?	1	0
		12. being unable or finding it difficult to control your worries?	1	0

The next questions are about all the different kinds of nerve, mental or psychological problems just mentioned. Using **Card A**...

- EPS M1e. When was the last time (if ever) your life was significantly disturbed by nerve, mental or psychological problems or that you felt you could not go on (including those things we just talked about)? (Circle one) (Card A)
- | | | |
|--------------------------------|---|-------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO M1j] |
| More than 12 months ago | 1 | [GO TO M1j] |
| Never | 0 | [GO TO M2] |

Refer to "yes" responses on previous page

Please answer the next questions using number of days.

- f. During the past 90 days, on how many days were you bothered by any nerve, mental, or psychological problems? Days
- g. During the past 90 days, on how many days did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on? Days

Must be > 0 if M1e = 3-6

The next questions are about whether and how these problems have interacted with your drug and alcohol use.

- M1j. Do these psychological problems. . .
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. go away when you use drugs or alcohol? | 1 | 0 |
| 2. get worse when or after you have been using drugs or alcohol? | 1 | 0 |
| 3. <u>only</u> happen when or after you have been using drugs or alcohol? | 1 | 0 |
| 4. happen even when you have <u>not</u> been using drugs or alcohol? | 1 | 0 |

- M1k. How old were you when you first started having these kinds of psychological problems? Age

Using **Card A...**

EPS

M2. When was the last time (if ever) your life was disturbed by memories of things from the past you did, saw or had happen to you?

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	[GO TO M3]
Never	0	[GO TO M3]

Please answer the next questions using yes or no.

IMDS/
TSS

M2. During the past 12 months, have the following situations happened to you?

	Yes	No
a. When something reminds you of the past, you became very distressed and upset	1	0
b. You had nightmares about things in your past that really happened	1	0
c. When you think of things you have done, you wish you were dead	1	0
d. It seemed as if you have no feelings	1	0
e. Your dreams at night are so real that you awaken in a cold sweat and force yourself to stay awake	1	0
f. You felt like you could not go on	1	0
g. You were frightened by your urges	1	0
h. Sometimes you used alcohol or other drugs to help yourself sleep or forget about things that happened in the past	1	0
j. You lost your cool and exploded over minor, everyday things	1	0
k. You were afraid to go to sleep at night	1	0
m. You had a hard time expressing your feelings, even to the people you cared about	1	0
n. You felt guilty about things that happened because you felt like you should have done something to prevent them	1	0
p. Had any of the above problems for three or more months	1	0

0 } check above

[IF 4 TO 12 MONTHS AGO REPORTED IN M2, GO TO M3]

Please answer the next question using number of days.

EPS

q. During the past 90 days, on how many days have you been disturbed by memories of things from the past that you did, saw or had happen to you? . . .

 Days

must be > 0
if m2 = 3-6

Using Card A...

EPS

M3. When was the last time (if ever) you had any problems paying attention, controlling your behavior or broke rules you were supposed to follow?

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	
More than 12 months ago	1	[GO TO M4z4]
Never	0	[GO TO M4z4]

Please answer the next questions using yes or no.

BCS/
IDS

M3a. During the past 12 months, have you done the following things two or more times?

	Yes	No
1. Made mistakes because you were not paying attention.	1	0
2. Had a hard time paying attention at school, work or home.	1	0
3. Had a hard time listening to instructions at school, work or home.	1	0
4. Not followed instructions or not finished your assignments.	1	0
5. Had a hard time staying organized or getting everything done.	1	0
6. Avoided things that took too much effort, like school work or paper work.	1	0
7. Lost things that you needed for school, work or home.	1	0
8. Been unable to pay attention when other things were going on.	1	0
9. Been forgetful or absent-minded.	1	0

BCS/
HIS

10. Fidgeted or had a hard time keeping your hands or feet still when you were supposed to.	1	0
11. Been unable to stay in a seat or where you were supposed to stay.	1	0
12. Felt restless or the need to run around or climb on things.	1	0
13. Gotten in trouble for being too "loud" when you were playing or relaxing.	1	0
14. Felt like you were always on the "go" or "driven by a motor".	1	0
15. Talked too much or had others complain that you talked too much.	1	0
16. Gave answers before the other person finished asking the question.	1	0
17. Had a hard time waiting for your turn.	1	0
18. Interrupted or butted into other people's conversations or games.	1	0
19. Have you had any of the above problems in the past six months?	1	0

— must match
M3 above

GAIN-I

BCS/
CDSM3b. During the past 12 months, have you done the following things two or more times?

	<u>Yes</u>	<u>No</u>
1. Been a bully or threatened other people.	1	0
2. Started fights with other people.	1	0
3. Used a weapon in fights.	1	0
4. Been physically cruel to other people.	1	0
5. Been physically cruel to animals.	1	0
6. Taken a purse, money or other things from another person by force.	1	0
7. Forced someone to have sex with you when they did not want to.	1	0
8. Set fires.	1	0
9. Broken windows or destroyed property.	1	0
10. Taken money or things from a house, building or car.	1	0
11. Lied or conned to get things you wanted or to avoid having to do something.	1	0
12. Taken things from a store or written bad checks to buy things.	1	0
13. Stayed out at night later than your parents or partner wanted.	1	0
14. Run away from home (partner) for at least one night.	1	0
15. Skipped work or school.	1	0
17. (Have you Before you were 18 did you ever run away for 2 or more days or 2 or more times?	1	0

Before you were 13 years old, did you...

18. often stay out at night later than your parents wanted?	1	0
19. skip school (or work) many times?	1	0

[IF 4 TO 12 MONTHS AGO REPORTED IN M3, GO TO M4z4]

Please answer the next question using number of days.

EPS

M3c. During the past 90 days, on how many days have you had any problems paying attention, controlling your behavior or breaking rules you were supposed to follow?
 Days

must be 70
if m3 = 3-6

M4z4. During the past 90 days, on how many days have you cut, burned, or hurt yourself on purpose?
 Days

The next questions are about treatment for mental, emotional, behavioral or psychological problems. This includes taking medication like Ritalin that a regular doctor may have given you to help you focus or calm down. Do not count treatment that was only for substance use or health problems.

M5a. Has a doctor, nurse or counselor ever told you that you have a mental, emotional or psychological problem or told you the name of a particular condition you have/had? (Please record and/or circle all that apply below)

v1. _____
v2. _____
v3. _____

(Circle all that apply - blanks will be treated as No)	MENTIONED		
	Yes	No	
0. Any condition reported	1	0	[IF M5a0 = 0, MARK REMAINING ITEMS 0]
1. Alcohol or drug dependence	1	0	
2. Attention-deficit/hyperactivity disorder	1	0	
3. Antisocial personality disorder	1	0	
4. Anxiety or phobia disorder	1	0	
5. Borderline personality	1	0	
6. Conduct disorder	1	0	
7. Major depression	1	0	
8. Depression, dysthymia or other mood disorder	1	0	
9. Mental retardation, developmental or other communication disorder	1	0	
10. Oppositional defiant disorder	1	0	
11. Pathological gambling	1	0	
12. Post or acute traumatic stress disorder	1	0	
13. Somatoform, pain, sleep, eating or body disorder	1	0	
14. Other cognitive disorder (like delirium, dementia, amnesic)	1	0	
15. Other mental breakdown, nerves or stress	1	0	
16. Other personality disorder (like avoidant, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid or schizotypal)	1	0	
17. Other schizophrenia or psychotic disorder	1	0	
99. Other (Please describe)	1	0	
v. _____			

> always try to
update

Please answer the next questions using number of times.

b. been treated in an emergency room for mental, emotional,
behavioral or psychological problems?.....| |

c. been admitted for at least one night to a hospital for mental, emotional, behavioral or psychological problems?.....

--	--	--

M5d.	Are you currently taking medication for mental, emotional, behavioral or psychological problems?	<u>Yes</u>	<u>No</u>
		1	0
	(If yes, please describe)		

V. _____

MHTI M5e. When was the last time (if ever) you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility or with prescribed medication? (Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	[GO TO NEXT PAGE]
More than 12 months ago	1	[GO TO NEXT PAGE]
Never	0	[GO TO NEXT PAGE]

Please answer the next questions using number of times, nights, or days.
(If no lifetime service use above, enter 0 in the respective row below.)

MHTI M5. During the past 90 days, how many ...

f. times have you had to go to the emergency room (for mental, emotional, behavioral or psychological problems)? ... | | Times

g.	<u>nights</u> total did you spend in a <u>hospital</u> (for mental, emotional, behavioral or psychological problems)?																																																																																																																																																
----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

h. times did you see a doctor in an office or outpatient clinic
(for mental, emotional, behavioral or psychological
problems)? | | Times

h1.	days did you take <u>prescribed medication</u> for mental, emotional, behavioral or psychological problems?				Days
-----	---	--	--	--	------

j. Are you currently being treated for a mental, emotional, behavioral or psychological problem? Yes No
1 0 **[IF NO, GO TO NEXT PAGE]**
 (If yes, where do you go?)

AGDM

M8. DM Rating [MDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

E. Environment and Living Situation

The next set of questions is about places where you spend most of your time and the people you spend your time with. First we would like to ask some questions about where you live.

- E1. What kind of housing do you currently live in? (Clarify and code response)

A house, apartment or room you, your spouse, your partner or your parents rent or own	1
A foster home	2
A public housing or rent-subsidized apartment or house registered in your or your family's name	3
A friend's or relative's house, apartment or room	4
An unsupervised dormitory or quarters, such as at college, religious or military quarters or agriculture or other workers' quarters	5
A nursing home or any other kind of group home	6
Any kind of hospital, inpatient or residential facility for medical, mental, alcohol or drug-related problems	7
Jail, detention center, correctional halfway house or other correctional institution	8
Temporary or emergency shelter for people who are homeless, runaways, neglected or abused	9
Vacant buildings, public or commercial facilities, parks, cars or on the street because you do not have a place to stay	10
Any other housing situation (Please describe)	99

V.

- a. How long have you been living there?

--

 +

--

 +

--

 +

--

Years Months Weeks Days

Using Card A...

- RERI b. When was the last time (if ever) that you considered yourself to be homeless? (Circle one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago	3
4 to 12 months ago	2
More than 12 months ago	1
Never	0

Yes No

- Elc. Can you continue to stay where you are now?..... 1 0

- E1d. During the past 90 days, on how many days have you been homeless or had to stay with someone else to avoid being homeless?

GAIN-I

The next two questions are about alcohol and drug use at home or where you are living.

- RERI E2. During the past 90 days, on how many days did... Days
- d. other people use alcohol where you were living?
- e. other people use drugs where you were living?
- RERI E2f. During the past 90 days, on how many days did you live someplace where you were not free to come and go as you please - such as jail, an inpatient program, or hospital? Days (check 52x)
- RERI E3. During the past 90 days, on how many days have you gotten into trouble at home or with your family for any reason? Days

Please answer the following questions using yes or no.

- E3a1. During the past 12 months, have you lived with anyone other than yourself? Yes No
- 1 0 [IF NO, GO TO E3b1]

MENTIONED	
Who have you lived with? (Code or say, have you lived with...)	
2. Spouse, significant companion or other sexual partner	1 0
3. Parents	1 0
4. Your biological or adopted children age 12 or less	1 0
5. Your biological or adopted children over 12	1 0
6. Your brothers or sisters age 12 or less	1 0
7. Your brothers or sisters over 12	1 0
8. Other relatives	1 0
9. Other children age 12 or less	1 0
10. Other children over the age of 12	1 0
11. Other adult roommates	1 0
12. Foster parents	1 0
13. Institutional staff	1 0
99. Other (Please describe)	1 0
v. _____	

- E3b1. Have you ever been married or lived as married with someone? Yes No
- 1 0
- [IF NO, CIRCLE 8 IN E3b2 AND GO TO E4]

- E3b2. What is your current marital status? (Clarify and circle one)
- Married 1
- Remarried 2
- Living with someone as married 3
- Married but living apart 4
- Divorced 5
- Legally separated 6
- Widowed 7
- Never married 8

- E4. How many children (if any) do you have (under the age of 21)? [IF NONE, GO TO E5]
- Number

For the following questions, please do not count people just because they are in the same building (e.g., jail, detention, school), or because you only see them a few times.

- E5. During the past 12 months, how many people would you say you have regularly lived with (including your parents or family)? [IF 0 GO TO E6]

People

Using Card C...

LRI/
ERS

Of the people you have regularly lived with, would you say that none, a few, some, most or all of them...

	None	A Few	Some	Most	All
a. were employed or in school or training <u>full-time</u> ?	4	3	2	1	0
b. were involved in illegal activity?	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
e. shout, argue, and fight most weeks?	0	1	2	3	4
f. have ever been in drug or alcohol treatment?	4	3	2	1	0
g. would describe themselves as being in recovery?	4	3	2	1	0

- E6. During the past 12 months, how many people would you say you spend most of your time with at work, a training program, or school? [IF 0 GO TO E7]

People

Using Card C...

VRI/
ERS

Of the people you have regularly worked or gone to school with, would you say that none, a few, some, most or all of them...

	None	A Few	Some	Most	All
a. were employed or in school or training <u>full-time</u> ?	4	3	2	1	0
b. were involved in illegal activity?	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
e. shout, argue, and fight most weeks?	0	1	2	3	4
f. have ever been in drug or alcohol treatment?	4	3	2	1	0
g. would describe themselves as being in recovery?	4	3	2	1	0

- E7. During the past 12 months, how many people would you say you spend most of your free time with or hang out with? [IF 0 GO TO E8]

People

Using Card C...

SRI/
ERS

Of the people you have regularly socialized with or hung out with, would you say that none, a few, some, most or all of them...

	None	A Few	Some	Most	All
a. were employed or in school or training <u>full-time</u> ?	4	3	2	1	0
b. were involved in illegal activity?	0	1	2	3	4
c. weekly got drunk or had 5 or more drinks in a day?	0	1	2	3	4
d. used any drugs during the <u>past 90 days</u> ?	0	1	2	3	4
e. shout, argue, and fight most weeks?	0	1	2	3	4
f. have ever been in drug or alcohol treatment?	4	3	2	1	0
g. would describe themselves as being in recovery?	4	3	2	1	0

If one person, use: none, all
If two people, use: none, some, all

No matter how hard people try, they sometimes have conflicts or disagreements. Below is a list of various ways people try to settle their differences. The first set of questions is about what you may have done.

Using **Card A...**

- RERI E8. When was the last time (if ever) that during an argument with someone else you swore, cursed, threatened them, threw something, or pushed or hit them in any way? (Circle one) (Card A)
- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | |
| More than 12 months ago | 1 | [GO TO E9] |
| Never | 0 | [GO TO E9] |
- See p. 39

Please answer the following questions using yes or no.

- GCTS E8. During the past 12 months, have you had a disagreement in which you did the following things?
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Discussed it calmly and settled the disagreement. | 1 | 0 |
| b. Left the room or area rather than argue. | 1 | 0 |
| c. Insulted, swore or cursed at someone. | 1 | 0 |
| d. Threatened to hit or throw something at another person. | 1 | 0 |
| e. Actually threw something at someone. | 1 | 0 |
| f. Pushed, grabbed, or shoved someone. | 1 | 0 |
| g. Slapped another person. | 1 | 0 |
| h. Kicked, bit, or hit someone. | 1 | 0 |
| j. Hit or tried to hit anyone with something (an object). | 1 | 0 |
| k. Beat up someone. | 1 | 0 |
| m. Threatened anyone with a knife or gun. | 1 | 0 |
| n. Actually used a knife or gun on another person. | 1 | 0 |
- See p. 39

[IF 4 TO 12 MONTHS AGO REPORTED IN E8, GO TO E9]

Please answer the following question using number of days.

- RERI p. During the past 90 days, on how many days did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?

1

Days

Must be > 0
if E8 = 3-6

The next questions are about things that other people may have done to you. Please answer the next questions using yes or no.

GVS	E9.	Has anyone <u>ever</u> done any of the following things to you?	<u>Yes</u>	<u>No</u>
	a.	<u>Attacked</u> you with a gun, knife, stick, bottle or other weapon.	1	0
	b.	<u>Hurt you by striking or beating</u> you to the point that you had bruises, cuts, or broken bones or otherwise physically abused you.	1	0
	c.	Pressured or <u>forced you to participate in sexual acts</u> against your will, including your regular sexual partner, a family member or friend.	1	0
	d.	<u>Abused you emotionally</u> ; that is, did or said things to make you feel very bad about yourself or your life.	1	0
[IF ALL OF ABOVE ARE NO, GO TO E9n BELOW]				
	e.	About how old were you the first time any of these things happened to you?	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Age
	e18.	[IS E9e UNDER 18?]	<u>Yes</u> 1	<u>No</u> 0
		Did any of the previous things happen. . .	<u>Yes</u>	<u>No</u>
	f.	several times or over a long period of time?	1	0
	g.	with more than one person involved in hurting you?	1	0
	h.	where one or more of the people involved was a family member close family friend, professional or someone else you had trusted?	1	0
	j.	where you were afraid for your life or that you might be seriously injured?	1	0
	k.	and result in oral, vaginal or anal sex?	1	0
	m.	and people you told did not believe or help you?	1	0
		Are you <u>currently worried</u> that someone might. . .	<u>Yes</u>	<u>No</u>
	n.	<u>attack</u> you with a gun, knife, stick, bottle or other weapon?	1	0
	p.	<u>hurt you by striking or beating</u> or otherwise physically abuse you?	1	0
	q.	pressure or <u>force you to participate in sexual acts</u> against your will?	1	0
	r.	<u>abuse you emotionally</u> ?	1	0

(If E9a-d and E9f-r are all No, circle No to E9s below and continue)

	E9s.	Have you gotten the help you need to deal with these problems?	<u>Yes</u>	<u>No</u>
			1	0

E9 (continued)

Using **Card A...**

RERI E9t. When was the last time (if ever) you were attacked with a weapon, beaten, sexually abused or emotionally abused?

(Circle one) (Card A)

Within the past two days 6
 3 to 7 days ago 5
 1 to 4 weeks ago 4
 1 to 3 months ago 3
 4 to 12 months ago 2
 More than 12 months ago 1
 Never 0

[GO TO E10]

[GO TO E10]

[GO TO E10]

check E9a-d
previous page

Please answer the next question using number of days.

RERI u. During the past 90 days, on how many days were you attacked with a weapon, beaten, sexually abused or emotionally abused?

Days

Must be 90
if E9t=3-6

Please answer the following questions using yes or no.

PSSI E10. During the past 12 months, have you been under stress for any of the following reasons related to your family, friends, classmates or co-workers?

	<u>Yes</u>	<u>No</u>
1. Birth or adoption of a new family member.	1	0
2. Health problem of family member or close friend.	1	0
3. Major change in relationships (marriage, divorce, separations).	1	0
4. Death of a family member or close friend.	1	0
5. Fights with boss/teacher or co-workers/classmates.	1	0
99. Other changes or problems in family or primary support groups.	1	0

(If yes, please describe)v. _____

OSSI E11. During the past 12 months, have you been under stress because of the following other kinds of demands on you?

	<u>Yes</u>	<u>No</u>
1. Major change in housing or bad housing.	1	0
2. New job, position or school.	1	0
3. Hard work or school schedule.	1	0
4. Problems with transportation.	1	0
5. Discrimination in community, work, school or transportation.	1	0
6. Threat of losing current housing, job, school or transportation.	1	0
7. Interruption or loss of housing, job, school or transportation.	1	0
8. Something you saw or that happened to someone close to you.	1	0

(If yes, please describe)v. _____

99. Other environmental demands on you. 1 0

(If yes, please describe)v. _____

CSAT/
GPRA

Using **CARD G**, please answer the next questions using “not at all, somewhat, considerably or extremely.”

E11b. During the past 90 days, ...

Not at all

Somewhat

Considerably

Extremely

- E11b1. how stressful have things been for you because of your use of alcohol or other drugs? ... 0 1 2 3
- E11b2. how much has your use of alcohol or other drugs caused you to reduce or give up important activities? ... 0 1 2 3
- E11b3. how much has your use of alcohol and other drugs caused you to have emotional problems? ... 0 1 2 3

Please answer the next questions using yes or no.

SSEI E12a. During the past 12 months, which of the following areas do you consider to be your strengths?

Yes

No

1. Doing well at school or training. 1 0
2. Doing well at work. 1 0
3. Doing well with your family. 1 0
4. Doing well with your close friends. 1 0
5. Doing well at sports, exercise or other physical activity. 1 0
6. Doing well at music, dancing, acting or other performing arts. 1 0
7. Drawing, painting, design or other art activities. 1 0
8. Listening, caring, and communicating with others. 1 0
9. Problem solving and figuring things out. 1 0
10. Working or playing with computers. 1 0

GSSI E12c. During the past 12 months, did you have the following kinds of social support?

Yes

No

1. A professional counselor or other health provider to talk to. 1 0
2. Friends or colleagues from other companies or schools you could talk to without worry about things getting back to others at work or school. 1 0
3. People at work or school you could talk to about day-to-day things. 1 0
4. People at work or school who could help you get your assignments done. 1 0
5. Family members or close partners you could talk to and rely on. 1 0
6. Friends you could just hang out with and not talk about work or family issues. 1 0
7. A (legal) hobby or activity that you enjoyed and did for yourself. 1 0
8. Someone you felt like you could talk to about needs and emotions. 1 0
9. Someone you felt could help you figure out how to cope with any problems you were having or might have. 1 0

E12d. Which people, agencies or things do you consider your most important sources of social support?

- v1. _____
- v2. _____
- v3. _____

E13a. Do you consider yourself a **member** of a religious group?

(If so, which of the following best describes it?)

(Circle one)

- | | |
|--|----|
| No/None | 0 |
| Baptist | 1 |
| Buddhist | 2 |
| Catholic | 3 |
| Evangelical | 4 |
| Hindu | 5 |
| Jewish | 6 |
| Lutheran | 7 |
| Methodist | 8 |
| Mormon | 9 |
| Muslim | 10 |
| Presbyterian | 11 |
| Other Protestant | 12 |
| Shinto | 13 |
| Native American Church | 14 |
| Traditional Native American | 15 |
| Non-denominational Christian | 16 |
| Some other group (Please describe) | 99 |

[Go to E13d below]

v.

E13b. How long have you been a *[religion from E13a]*?

[Use age in years for whole life]

<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>
Years		Months		Weeks		Days

Please answer the next questions using yes or no.

E13c. Do you ..

Yes No

- | | | |
|---|---|---|
| 1. consider yourself to be a good <i>[state religion from E13a]</i> ? | 1 | 0 |
| 2. regularly attend services or ceremonies? | 1 | 0 |

E13d. Do you consider your religious or spiritual beliefs to ...

Yes No

- | | | |
|------------------------------------|---|---|
| 1. be very strong? | 1 | 0 |
| 2. be very important to you? | 1 | 0 |
| 3. often influence your decisions? | 1 | 0 |

E13e. Is it important for your friends to share your religious or spiritual beliefs?

Yes No

1 0

Please answer the next questions using number of days.

- RERI E14. During the past 90 days, on how many days have you been Days
involved in a formal activity (sports, family event, club) where...
- a. no one was using alcohol or drugs?
- b. anyone was using alcohol or drugs?

AGDM

<i>For Staff Use Only</i>				
E18. DM Rating [EDM]:	NONE <input type="checkbox"/> ₀	SOME <input type="checkbox"/> ₁	MISUNDER <input type="checkbox"/> ₂	DENIAL <input type="checkbox"/> ₃ MISREP <input type="checkbox"/> ₄

L. Legal (Civil and Criminal)

This section deals with the legal system and behaviors that may get you into trouble or be against the law. Recall that your answers here are strictly confidential and will be used only for your treatment and to help us evaluate our program.

Using **Card A...**

- IAS L3. When was the last time (if ever) that you did anything you thought might get you in trouble or be against the law besides using (alcohol or) drugs? (Circle one) (Card A)
- | | | |
|--------------------------------|---|-------------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | |
| More than 12 months ago | 1 | [IF 0, GO TO L4a] |
| Never | 0 | [IF 0, GO TO L4a] |

GAIN-I

Please answer the next questions using number of times.

Times

L3a. <u>During the past 12 months</u> , how many times have you...		
GCS/	1. purposely damaged or destroyed property that did not belong to you?	<input type="text"/>
PCS	2. bought, received, possessed or sold any stolen goods?	<input type="text"/>
	3. passed bad checks, forged (or altered) a prescription or took money from an employer?	<input type="text"/>
	4. taken something from a store without paying for it?	<input type="text"/>
	5. other than from a store, taken money or property that didn't belong to you?	<input type="text"/>
	6. broken into a house or building to steal something or just to look around?	<input type="text"/>
	7. taken a car that didn't belong to you?	<input type="text"/>
GCS/	8. used a weapon, force, or strong-arm methods to get money or things from a person?	<input type="text"/>
ICS	9. hit someone or got into a physical fight?	<input type="text"/>
	10. hurt someone badly enough they needed bandages or a doctor?	<input type="text"/>
	11. used a knife or gun or some other thing (like a club) to get something from a person?	<input type="text"/>
	12. made someone have sex with you by force when they did not want to have sex?	<input type="text"/>
	13. been involved in the death or murder of another person (including accidents)?	<input type="text"/>
	14. intentionally set a building, car or other property on fire?	<input type="text"/>
GCS/	15. driven a vehicle while under the influence of alcohol or illegal drugs?	<input type="text"/>
DCS	16. sold, distributed or helped to make illegal drugs?	<input type="text"/>
	17. traded sex for food, drugs, or money?	<input type="text"/>
	18. been a member of a gang?	<input type="text"/>
	19. gambled illegally?	<input type="text"/>
	99. done something else (other than drug use) that would have gotten you into trouble with the police if they had known about it?	<input type="text"/>
(Please describe) v. _____		

See
p. 39

[IF 4 TO 12 MONTHS AGO REPORTED IN L3, GO TO L4]

Please answer the next questions using number of days.

Days

IAS	L3d. <u>During the past 90 days</u> , on how many days were you involved in any activities you thought might get you into trouble or be against the law (besides drug use)?	<input type="text"/>	[IF 0, GO TO L4a]
L3e-g On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...			
	e. in order to support yourself financially?	<input type="text"/>	None of these can be > L3d
	f. in order to obtain drugs or alcohol?	<input type="text"/>	
	g. while you were high or drunk?	<input type="text"/>	

must be > 0
if L3 = 3-6

Please answer the next questions using number of times.

- L4a. In your lifetime, about how many times have you been picked up by the police for status offenses such as running away or truancy?

Times

- L5. In your lifetime, about how many times have you been arrested, charged with a crime and booked? (Please include all the times this happened, even if you were then released or the charges were dropped.)

[IF 0, GO To L6]
Times

- L5a. What were the "charges"? (Were there any other charges?)
(If **more than 5 arrests**, ask all as: for which of the following offenses have you ever been arrested and charged with?)

MENTIONED

Yes No

1. Vandalism or property destruction	1	0
2. Receiving, possessing or selling stolen goods	1	0
3. Passing bad checks, forgery, or fraud	1	0
4. Shoplifting	1	0
5. Larceny or theft	1	0
6. Burglary or breaking and entering	1	0
7. Motor vehicle theft	1	0
8. Robbery	1	0
9. Simple assault or battery	1	0
10. Aggravated assault	1	0
11. Forcible rape	1	0
12. Murder, homicide or non-negligent manslaughter	1	0
13. Arson	1	0
14. Driving under the influence	1	0
15. Drunkenness or other liquor law violation	1	0
16. Possession, dealing, distribution or sale of drugs	1	0
17. Prostitution, pimping, or commercialized sex	1	0
18. Probation or parole violations	1	0
19. Illegal gambling	1	0
99. Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, run away, domestic violence, disturbing the peace, disorderly conduct, paraphernalia)	1	0

*Check
previous
page*

(Please describe) v. _____

*Tampering
fits here*

- L5ac. How many times were you convicted or adjudicated?

Times

Using Card A...

L5b. When was the last time you were arrested, charged with a crime and booked? (Circle one) (Card A)

- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO L6] |
| More than 12 months ago | 1 | [GO TO L6] |
| Never | 0 | [GO TO L6] |

Check L5

L5c. During the past 90 days, how many times have you been arrested and booked for breaking a law? (Please do not count minor traffic violations.) [IF 0, GO TO L6]

--	--	--

 Times

L5d.	What were you arrested for <u>in the past 90 days</u> ? (How many times? Was there anything else you were arrested for? How many times?)	MENTIONED Times
------	--	------------------------

- | | | | | |
|-----|---|--|--|--|
| 1. | Vandalism or property destruction | | | |
| 2. | Receiving, possessing or selling stolen goods | | | |
| 3. | Passing bad checks, forgery, or fraud | | | |
| 4. | Shoplifting | | | |
| 5. | Larceny or theft | | | |
| 6. | Burglary or breaking and entering | | | |
| 7. | Motor vehicle theft | | | |
| 8. | Robbery | | | |
| 9. | Simple assault or battery | | | |
| 10. | Aggravated assault | | | |
| 11. | Forcible rape | | | |
| 12. | Murder, homicide or non-negligent manslaughter | | | |
| 13. | Arson | | | |
| 14. | Driving under the influence | | | |
| 15. | Drunkenness or other liquor law violation | | | |
| 16. | Possession, dealing, distribution or sale of drugs | | | |
| 17. | Prostitution, pimping, or commercialized sex | | | |
| 18. | Probation or parole violations | | | |
| 19. | Illegal gambling | | | |
| 99. | Status or other offenses (curfew, truancy, graffiti, gang involvement/activity, running away, domestic violence, disturbing the peace, disorderly conduct, paraphernalia) | | | |

Check
previous
pages

Tampering
fits here.

Using Card A...

- CJSI L6. When was the last time you were on or in probation, parole, jail, detention, house arrest or electronic monitoring?

(Circle one) (Card A)

Within the past two days	6	
3 to 7 days ago	5	
1 to 4 weeks ago	4	
1 to 3 months ago	3	
4 to 12 months ago	2	[GO TO L7]
More than 12 months ago	1	[GO TO L7]
Never	0	[GO TO L7]

Please answer the next questions using number of days.

- a-f During the past 90 days, how many days have you been...

Days

a. on probation?	<input type="text"/>	<input type="text"/>
b. on parole?	<input type="text"/>	<input type="text"/>
c. in jail or prison?	<input type="text"/>	<input type="text"/>
d. on house arrest?	<input type="text"/>	<input type="text"/>
e. on electronic monitoring?	<input type="text"/>	<input type="text"/>
f. in juvenile detention?	<input type="text"/>	<input type="text"/>

→ Check E2f and S2x

- g. How many days of the days mentioned above (in L6a-f) did you get into trouble with your probation officer or parole officer? (How many days did you get caught doing things you were not supposed to do?) ...

Yes No

- h. Are you currently in jail, prison or detention? 1 0 [IF NO, GO TO L7]

- j. How much longer do you think you will be there? + + +
[Use 99 years for rest of life] Years Months Weeks Days

Please answer the next questions using yes or no.

- L7. Are you currently involved with the criminal justice system in any of the following ways? Yes No

1. Awaiting a trial	1	0
2. Awaiting sentencing	1	0
3. Out on bail or released on own recognizance (ROR)	1	0
4. On probation	1	0
5. In jail/prison	1	0
6. On treatment release, work release or school release	1	0
7. On parole	1	0
8. In detention	1	0
9. Assigned to a sentencing alternative or treatment program (TASC)	1	0
10. Under house arrest	1	0
11. Under other forms of court supervision	1	0
12. Awaiting charges	1	0
99. Other involvement (Please describe)	1	0

v. _____

Check L6a-f

GAIN-I

For Staff Use Only

AGDM L12. DM Rating [LDM]: NONE ☐ ₀ SOME ☐ ₁ MISUNDER ☐ ₂ DENIAL ☐ ₃ MISREP ☐ ₄

V. Vocational (School, Work, Financial)

These next questions are about school, work and money.

V1. What is the last grade or year that you completed in school?
 (NOTE: You can use 12 for high school, 16 for a BA/BS and 17 for graduate school or more than 4 years of college) Grade

V1a. Did you receive any special education classes or services Yes No
 or go to any alternative school programs? 1 0 [IF NO, GO TO V1b]

[If Yes, what kind of services or program did you go to?]

v1. _____

v2. _____

v3. _____

V1b. During your last year in school, what was your average grade? (Circle one)

A- to A+ 4

B- to B+ 3

C- to C+ 2

D- to D+ 1

F 0

Mixed/Other (Please describe) 99

v. _____

V2. What kinds of diplomas, degrees, certificates or licenses have you received? (Any others?) [If none, circle all 0's] MENTIONED
Yes No

1. High school diploma 1 0

2. Passed GED (general equivalency diploma) 1 0

3. Adult basic education (ABE) certificate 1 0

4. Junior college or associate's degree 1 0

5. Bachelor's degree 1 0

6. Advanced college degree (master's or doctorate) 1 0

7. Vocational/trade certificate 1 0

8. Trade license apprenticeship 1 0

99. Other degrees or licenses (Please describe) 1 0

v. _____

Using **Card A...**

- TAS V3. When was the last time you were in any kind of school or training program? (Circle one) (Card A)
- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO V4] |
| More than 12 months | 1 | [GO TO V4] |
| Never | 0 | [GO TO V4] |

Please answer the next questions using number of days or times.

- TAS V3. During the past 90 days, on how many days ... Days
- (NOTE: 5 days per week in 90 days is equal to 64 days.)
- k. did you go to any kind of school or training?
- m. did you go to school or training full time? *Stayed all days*
- n. did you miss school or training for any reason? *not holidays*
- p. did you get in trouble at school or training for any reason?
- q. were you suspended from school or training for any reason?
- r. During the past 90 days, how many times did you get expelled from school or training? Times

check V3
[IF 0, GO TO V4]
have client count on calendar

Using **Card A...**

- EmAS V6. When was the last time you worked at a (civilian) job or were self-employed? (Circle one) (Card A)
- | | | |
|--------------------------------|---|------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO V7] |
| More than 12 months ago | 1 | [GO TO V7] |
| Never | 0 | [GO TO V7] |

Please answer the next questions using number of days or times.

- EmAS V6. During the past 90 days, on how many days ... Days
- (NOTE: 5 days per week in 90 days is equal to 64 working days.)
- k. did you work for money at a job or in a business?
- m. did you work full time (7 or more hours per day)?
- n. did you miss work for any reason?
- p. did you get in trouble at work for any reason?
- q. were you suspended from work for any reason?
- r. During the past 90 days, how many times did you get fired from work? Times

check V6
[GO TO V7]

- V7. Which of the following statements best describes your present work or school situation? (If more than one applies, code the one engaged in most often.)

(Circle one)

- Working full-time, 35 hours or more a week 1
 Working part-time, less than 35 hours a week 2
 Have a job, but not at work because of treatment, extended illness, maternity leave, furlough or strike 3
 Have a job but not at work because it is seasonal work 4
 Unemployed or laid off and looking for work 5
 Unemployed or laid off and not looking for work 6
 Full-time homemaker 7
 In school or training only 8
 - In school or training, but not currently going to classes 9
 Retired 10
 In jail, prison or detention 11
 Too disabled for work (Please describe disability) 12
 v. _____
 In the military 13
 Doing volunteer work 14
 Some other work situation (Please describe) 99
 v. _____

IF in school,
use those codes
first.
If dropped out,
then try
employed/
unemployed
codes.

On School
Vacation

- a. How long have you been in this situation? + + +
 If 8 above, use age - 5 yrs Years Months Weeks Days

The next questions are about gambling. This includes betting on sports, playing the lottery, going to casinos or betting for money, drugs, sex or other things.

Using **Card A...**

- FIS V9. When was the last time (if ever) you gambled for money, drugs, sex or other things? (Circle one) (Card A)
- | | | |
|--------------------------------|---|-------------|
| Within the past two days | 6 | |
| 3 to 7 days ago | 5 | |
| 1 to 4 weeks ago | 4 | |
| 1 to 3 months ago | 3 | |
| 4 to 12 months ago | 2 | [GO TO V10] |
| More than 12 months ago | 1 | [GO TO V10] |
| Never | 0 | [GO TO V10] |

Please answer the next question using number of days.

- FIS m. During the past 90 days, on how many days have you gambled for money, drugs, sex or other things? Days
- must be > 0
if V9 = 3-6

- V10. What is your primary source of income?
(Which of the following is your primary source of income?)

(CLARIFY AND CODE ANSWER)

(Circle one)

None	0
Wages or a salary from a legitimate job or business.....	1
Social Security or Railroad Retirement payments.....	2
Supplemental (Disability) Security Income (SSI or SSDI).....	3
Other public assistance or welfare payments from the state or local welfare office such as general assistance.....	4
Temporary Assistance for Needy Families (TANF, formerly AFDC).....	5
Interests, dividends, rent, royalties or inheritance.....	6
Income from spouse, family or friends (including child support, allowance or alimony).....	7
Gambling (including a loss).....	8
Hustling, dealing or other illegal activities.....	9
Unemployment compensation.....	10
Some other source. (Please describe).....	99

v. _____

*Not \$
to parents
for child*

V11. During the past 90 days, about how much did you receive all together from each of the following sources? [VERIFY THAT AMOUNT IS FOR PAST 90 DAYS. IF NONE, RECORD 0.]

90-Day Total

Not \$
to parents
for
child

- | | | | | | | | | | | |
|----|---|----|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| a. | Wages or salary from a legitimate job or business. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. | Spouse, family or friends. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. | Alimony and child support. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. | SSI-Supplemental Security Income (that you qualify for because of low income). | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. | Disability pay, such as SSDI, unemployment compensation of a work-related injury or income from a private disability plan. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. | Unemployment compensation because of layoff. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. | Other retirement income, including military and private pensions. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. | Welfare or public assistance programs such as TANF (Temporary Assistance for Needy Families), food stamps or housing assistance. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j. | Department of Veterans Affairs. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| k. | Criminal or possibly illegal activities, including hustling or dealing. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| m. | Any other income not mentioned above (Please describe) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| v. | | | | | | | | | | |
| n. | So overall, you received about _____ (add up & correct) from all these sources during the past 90 days. | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| p. | How much did you spend on alcohol? | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| q. | How much did you spend on drugs? | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | , | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

The next two questions are about your family's household. This may include people with whom you share your income and expenses (such as husband, wife, children, parents, relatives, and/or sexual partners).

PoPI r. How many people are there in your family household? People

The next question is about the income of everyone in your household together. We do NOT need an exact number. You can give your answer to the nearest hundreds or thousands of dollars if that is easier. (Put 'DK' if you don't know)

s. During the past 90 days, what was the total family income of everyone in your household together? \$

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AGDM V14. DM Rating [VDM]: NONE ☐ 0 SOME ☐ 1 MISUNDER ☐ 2 DENIAL ☐ 3 MISREP ☐ 4

Z. End

Thank you! That is all of the questions we have for you at this time. Please write down the time below. If you went straight through, we will figure out how many minutes you took. If you took a break(s), please make sure you write in about how many minutes total it took you to do this assessment.

- Z1. What time is it now? : Time (HH:MM)
- b. Is it AM or PM? AM/PM
- c. How many breaks did you take to finish this? Breaks
- d. Not counting breaks, how long did it take you to finish this? Minutes

- Z2. Are there any other special issues we need to know about to help you (or help you come to treatment)? Do you have any additional comments or questions?

- v1. _____
- v2. _____
- v3. _____
- v4. _____

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XADM. Administration

Please document the following aspects of how the interview was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section below or at least say where we can find them.

a. What was the primary mode of <u>administration</u> (MOA)? (Circle all that apply)		<u>Yes</u>	<u>No</u>
1. Self-Administered (SA)	.....	1	0
2. Self-Administered with sound files (SAS)	.....	1	0
3. Orally Administered by staff (ORS)	.....	1	0
4. Orally Administered by others (ORA)	.....	1	0
5. Done with Pen and Paper (PAP)	.....	1	0
6. Done on Computer (COMP)	.....	1	0
7. Done on Telephone (TEL)	.....	1	0
99. Other (OTH) (Please describe)	.....	1	0
v. _____			
b. What was the primary <u>language</u> in which it was conducted (LNG)?			
English (ENG)	.....	1	
Spanish (SPN)	.....	2	
Other (OTH) (Please describe)	.....	99	
v. _____			
c. Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, <u>indications of developmental disabilities</u> (IDD)?			
No/none (NO)	.....	0	
Minimal (MIN)	.....	1	
Moderate (MOD)	.....	2	
Major (MAJ)	.....	3	
d. Was there any evidence that the person could not place himself or herself in place or time or, in general, <u>any evidence of cognitive impairment or dementia</u> (ECD)?			
No/none (NO)	0	
Minimal (MIN)	1	
Moderate (MOD)	2	
Major (MAJ)	3	

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e. Was there any evidence of the following observed participant <u>behaviors</u> (OPB)?		
	<u>Yes</u>	<u>No</u>
1. Depressed or withdrawn (DEP)	1	0
2. Violent or hostile (VIO)	1	0
3. Anxious or nervous (ANX)	1	0
4. Bored or impatient (BOR)	1	0
5. Intoxicated or high (INT)	1	0
6. In withdrawal (WIT)	1	0
7. Distracted (DIS)	1	0
8. Cooperative (COP)	1	0
f. Did the individual's <u>appearance suggest...</u> (APP)		
No problems/none (NO)	0	
Poor hygiene? (PH)	1	
Unkempt appearance? (UNK)	2	
Inadequate clothing? (INA)	3	
Not applicable? (NA)	4	
g. What was the participant's location during the assessment? (LOC)		
Treatment unit (Tx)	1	
Specialized intake unit (INT)	2	
Correctional setting (COR)	3	
School (SCH)	4	
Employment or work setting (EMP)	5	
Home (HOM)	6	
Probation or Parole Office (PPO) ..	7	
Welfare or Child Protection Agency (WCP)	8	
Research Office or Setting (RES)	11	
Other (OTH) (Please describe) ..	99	
v. _____		
g1-5. Were there any problems providing a quiet, <u>private</u> environment? (PRI)		
	<u>Yes</u>	<u>No</u>
1. Noise or other frequent distractions (DIS)	1	0
2. Divided attention or frequent interruptions (DIV)	1	0
3. Other people present or within earshot (EAR)	1	0
4. Police, guards, social workers or other officials present (OFF)	1	0
5. Speaker or telephone call monitoring (MON)	1	0

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h. What administration protocol was followed?	
FULL Interview (FUL)	1
Initial CORE, followed by FULL interview (SPLIT)	2
Started FULL, then converted to CORE (CONV)	3
CORE only (including GPRA Core) (CORE)	4
Partial assessment/incomplete to date (PAR)	5
Other (OTH) (Please describe)	99
v. _____	

		<u>Yes</u>	<u>No</u>
h1.	Was administration done over multiple sessions/days? (MUL)	1	0
		[IF NO, GO TO XADMj]	
a.	What is the <u>final</u> revision date (mm/dd/yyyy)?	<div style="display: flex; justify-content: space-between; width: 100%;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 5px;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> Month Day Year </div> </div>	
b.	What is the <u>total</u> number of breaks across <u>all</u> sessions? (Include "1" for break in between multiple sessions.)	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
c.	What is the <u>total</u> number of minutes spent doing the interview across <u>all</u> sessions?	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
d.	What is the staff id [XSID] of the person <u>finishing</u> the interview?	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	

j.	Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)? Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).
v1.	_____
v2.	_____